## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

indicated unless correct maintenance fee notific	ted below or directed oth	ng the Patent, advance or	ders and notification of i	naintenance fees will b	e mailed to the current	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
55389	7590 12/12	/2006			ate of Mailing or Trans	mission	
KNOBBE, MARTENS, OLSON & BEAR, LLP 2040 MAIN STREET FOURTEENTH FLOOR				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
IRVINE, CA.92	2614					(Depositor's name)	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/719.370	10/719,370 11/21/2003		Donna T, Ward	PTS-0070US.P1		3593	
TITLE OF INVENTION: MODULATION OF HIF JALPHA AND HIF 2ALPHA EXPRESSION							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1400	S300	\$0	\$1700	03/12/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
ZARA, JANE J		1635	435-458000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or 2 registered patent attorney	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ISIS PHARMACEUTICALS, INC.  Carlsbad, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s)  Issue Fee  Description Fee ( Advance Order -	) are submitted; No small entity discount p	permitted)	<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>□ A check is enclosed.</li> <li>□ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).</li> </ul>				
	atus (from status indicate ns SMALL ENTITY stati	•	☐ b. Applicant is no lon.	ger claiming SMALL E	NTITY status, See 37 CI	FR 1,27(g)(2).	
NOTE: The Issue Fee a interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than t Office.	he applicant; a registere	d attorney or agent; or th	e assignee or other party in	
Authorized Signature							
	ne Jerry L. Hefner			Registration No. 53,009			
Alexandria, virginia 22	313-1400,		on is required to obtain or a 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO Spond to a collection of inf			by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450, number.	